					1	Application or Docket Number														
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CLAIMS AS FILED - PART I (Column 1) (Column 2)						umn 2)		SMALL TYPE	ENTITY	OF		R THAN ENTITY								
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	· -	(Column 1)		(Colum	mn 2)	(Column 3)	,	SMAL	L ENTITY	OR	OTHER SMALL E									
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• If	the entry in colum	mn 1 is less than the	e entry in colur	nn 2. write "	o in coli	umn 3, .	L	+145=	+	OR	+290=									
		- : : : : : : : : : : : : : : : : : : :	14 F - 4 14 1 - 14	CDACE		- 00	,	TOTAL		OR ,	TOTAL									
!l	I the "Highest Num	nber Previously Paid	id For" IN THIS	S SPACE is I	less than	n 3. enter "3."	~_	DDIT. FEE	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											